DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445170	A. BUILDING **01 - MAIN BUILDING** B. WING _____	R **06/27/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN HEALTH AND REHAB CENTER	**500 HICKORY HOLLOW TERRACE ANTIOCH, TN 37013**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS Stories: One Construction Type: III (211) Constructed: approximately 2002 Fully Sprinkled: Yes Waivers: No Census: 78 Certified beds: 110 A Life Safety revisit survey was conducted on 06/27/2019 for all previous deficiencies cited on 05/14/2019. All deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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Federal POC

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/
FORM APP
OMB NO. 093

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K 000	INITIAL COMMENTS	K 000		

Stories: One
Construction Type: III (211)
Constructed: approximately 2002
Fully Sprinkled: Yes
Waivers: No
Census: 78
Certified beds: 110

A Life Safety Code Comparative Federal Monitoring Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on 05/14/2019 following a Tennessee Department of Health & Environment survey on 04/29/2019. At this Comparative Federal Monitoring Survey Good Samaritan Health and Rehab Center was not found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a) 483.70(b), Life Safety from Fire, and the related National Fire Protection Association (NFPA) publications, the 2012 edition of NFPA 101 Life Safety Code and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3 and TIA 12-4 and the 2012 edition of NFPA 99 Health Care Facilities Code and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6.

K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101	K 920	

Electrical Equipment - Power Cords and Extension Cords
Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of

APPROVED
By Bobby Cobb at 3:50 pm, Jun 25, 2019

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.

1. The surge protector was removed from room 111 May 29, 2019.
2. The electric bed cord was plugged into the wall outlet in room 111 May 29, 2019.
3. The Maintenance Staff installed a new wall outlet in room 111 May 31, 2019 to accommodate the TV and Residents' cell phone charger.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DA

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: NFEN Facility ID: TN150 If continuation sheet Page

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K 920	Continued From page 1 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview during the survey, the facility failed to maintain the use of power strips per the requirements of: NFPA 99-2012 Edition, Sections 10.2.3.6, 10.2.4 NFPA 70 400-8, 590.3(D) The deficient practice affects one room in nine smoke compartments. Findings include: On 05/14/2019 at 11:20 a.m., It was observed in Resident Room 111, an electric bed was plugged into a power strip. The Maintenance Director was present when the deficiencies was identified.	K 920	**How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;** In-services were given by The Administrator, and Director of Nursing, to the to the IDT members, Nursing, Housekeeping and Maintenance Departments regarding the following: 1. The in-appropriate use of surge protector(s) in the facility. 2. Medical equipment must be plugged into a wall outlet, e.g. electric beds, cannot be plugged into surge protector. 3. Maintenance staff inspected the complete facility May 31, 2019 and did not find any other medical equipment plugged into a surge protector.	
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101	K 923		

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K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101	K 923	

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K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101	K 923	

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K 920	Continued From page 1 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview during the survey, the facility failed to maintain the use of power strips per the requirements of: NFPA 99-2012 Edition, Sections 10.2.3.6, 10.2.4 NFPA 70 400-8, 590.3(D) The deficient practice affects one room in nine smoke compartments. Findings include: On 05/14/2019 at 11:20 a.m., It was observed in Resident Room 111, an electric bed was plugged into a power strip. The Maintenance Director was present when the deficiencies was identified.	K 920		
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101	K 923		

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K 923	Continued From page 2 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 923	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** The facility has a designated location for oxygen tank storage, which is located outside the exit/entrance door of 200 hallway. The storage container has individual holding racks for the oxygen tanks to be placed in. The storage rack is securely locked. The oxygen tank found on the floor of the Supply Room was removed and properly stored in the designated location at rear of building.	

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K 923	Continued From page 2 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr fire protection rating Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 923	**How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;** In-services were given to Nursing staff by the Administrator and Director of Nursing, May 20, 2019 regarding proper storage of oxygen. **What measure will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and** Nurse Supervisors will check the supply room before the end of shift to ensure the oxygen tanks are not stored in the supply room.

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K 923	Continued From page 3 Based upon observation and staff interview during the survey, it was determined oxygen tanks were not properly secured: Ref: 2012 NFPA 99 Sections 11.6.5.2, 11.6.5.3 The deficient practice affects one room in nine smoke compartments. Findings include: On 05/14/2019 at 11:30 am, it was observed in Supply Room, oxygen tank was stored on the floor The Maintenance Director was present when the deficiencies was identified.	K 923	**How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.** Any non-compliant concerns identified, by any department, will be brought to the Quality Assurance/Performance Improvement (QAPI) Committee for appropriate interventions. The QAPI Committee will monitor the effectiveness of the interventions implemented and the members include Medical Director, Administrator, Assistant Administrator, DON, DSD, QA Coordinator, MDS Coordinator, Activity Manager, Dietary Manager, Rehab Manager, Social Services Director, Medical Records Manager and RN/CNT. Monitoring will be conducted Monday-Friday, weekly and monthly for two (2) months. Completion Date: May 20, 2019.	

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{E 000}	Initial Comments An unannounced Emergency Preparedness survey was conducted on 05/14/2019, following a State Agency Annual Emergency Preparedness Survey conducted 04/29/2019. The facility was found in substantial compliance with 42 CFR 483.73, Requirements for Long Term Care Facilities.	{E 000}		

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GOOD SAMARITAN
REHAB CENTER
500 Hickory

HEALTH AND

Hollow Terrace, Antioch, TN 37013

Phone: (615) 731-7130 Fax: (615) 731-0743

June 24, 2019

Bobby Cobb, Information Disclosure Analyst
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

Dear Mr. Cobb:

Please find enclosed the re-submission of Plan of Correction for Good Samaritan Health & Rehab Center Fire Safety Survey conducted May 14, 2019.

Sincerely,

Katy Gammon, Administrator
Good Samaritan Health & Rehab Center